

lication or Docket Number

|  | PATENT   | ORE                                       | 10/505195    |                                      |                  |                  |    |                         |                        |          |                     |                        |  |
|--|--|---|--------------|--------------------------------------|------------------|------------------|----|-------------------------|------------------------|----------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |  |   |              |                                      |                  |                  |    | SMALL I                 | ENTITY                 | OF.      | OTHE                | R THAN<br>ENTITY       |  |
| TOTAL CLAIMS   |  |   |              |                                      |                  | ·                |    | RATE                    | FEE                    | ٦ .      | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER       | FILED                                | NUMBER EXTRA     |                  |    | BASIC FE                | E 2/60                 | OR       | BASIC FEE           |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 40 minus 20= |                                      | . 20             |                  |    | XS 9=                   | 180                    | OR       | XS18=               |                        |  |
| INDEPENDENT CLAIMS   |  |   | / minus 3 =  |                                      | •                |                  |    | X43=                    | 100                    | 1        | X86=                |                        |  |
| ML   | ILTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT       |                                      |                  |                  |    |                         | <del></del>            | OR       |                     |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |  |   |              |                                      |                  |                  |    | +145=                   | 1.00                   | OR       | -290=               |                        |  |
|  |  |   |              |                                      |                  |                  |    | TOTAL                   | 1040                   | OR       | TOTAL               | <u> </u>               |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                         |  |   |              |                                      |                  |                  |    | SMALL                   | ENTITY                 | OR       | OTHER<br>SMALL      |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIOU<br>PAID F   | ST<br>ER<br>USLY | PRESENT<br>EXTRA |    | RATE                    | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MON  | Total  | *   | Minus        | **                                   |                  | =                |    | XS 9=                   |                        | OR       | XS18=               | ;                      |  |
| ME   | Independent                                    | *   | Minus        | ***                                  |                  | =                |    | X43=                    |                        | OR       | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                      |                  |                  |    | 145                     |                        | 1        | . 200               |                        |  |
|  |  |   |              |                                      |                  |                  | Į. | +145=                   |                        | OR       | +290=<br>TOTAL      |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                                      |                  |                  |    | ADDIT. FEEOR ADDIT. FEE |                        |          |                     |                        |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          | ·            | HIGHE<br>NUMB<br>PREVIOL<br>PAID F   | ST<br>ER<br>USLY | PRESENT<br>EXTRA |    | RATE                    | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus        | **                                   |                  | =                |    | XS 9=                   |                        | OR       | X\$18=              |                        |  |
| AME  | Incependent                                    |   | Minus        | ***                                  |                  | =                |    | X43=                    |                        | OR       | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |  |   |              |                                      |                  |                  |    | +145=                   |                        | OR       | +290=               |                        |  |
|  |  |   |              |                                      |                  |                  | L  | TOTAL<br>DDIT. FEE      |                        |          | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                                      |                  |                  |    |                         |                        |          | ADDII. I EE         |                        |  |
| AMENDMENT C  | -  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO | ST<br>ER<br>JSLY | PRESENT<br>EXTRA |    | RATE                    | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus        | **                                   |                  | ш                |    | X\$ 9=                  |                        | OR       | X\$18=              |                        |  |
| AME<br>L   | Independent                                    |   | Minus        | ***                                  |                  | =                | -  | X43=                    |                        | .        | X86=                |                        |  |
|  |  | NTATION OF MU                             |              |                                      |                  |                  | -  | +145=                   | ·                      | OR<br>OR | +290=               | <del></del>            |  |
| • If the entry in column 1 is less than the entry in column 2, write 10° in column 3 |  |   |              |                                      |                  |                  |    |                         |                        | Ŀ        |                     |                        |  |

Total or Independent) is the appropriate box in column 1. Sees than the entry in column 2. Write "0" in column 3.

Total OR ADDIT. FEE

Total OR ADDIT.

Total or Independent) is the highest number found in the appropriate box in column 1.